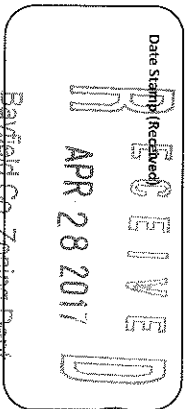


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	17-0139
Date:	5-16-17
Amount Paid:	\$75.50-17
Refund:	\$50.50-17

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>MARV V. JOHNSON</u>	Mailing Address: <u>28305 Lathie Rd Ashland Wis 54806</u>	City/State/Zip: <u>715 682 4913</u>	Telephone: <u>715 682 4913</u>
Address of Property: <u>27915 Lathie Rd</u>		City/State/Zip: <u>Ashland Wis 54806</u>	Cell Phone: <u></u>
Contractor: <u>Self</u>	Contractor Phone: <u>715 682-4913</u>	Plumber: <u>NONE</u>	Plumber Phone: <u>NONE</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone: <u></u>	Agent Mailing Address (include City/State/Zip): <u></u>
PROJECT LOCATION: <u>N.E. 1/4, S.E. 1/4</u>		Legal Description: (Use Tax Statement)	
Section <u>28</u> , Township <u>48</u> N, Range <u>5</u> W		Town of: <u>Barkdale</u>	
<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <u>Yes--continue</u>		Distance Structure is from Shoreline: <u></u> feet	
<input type="checkbox"/> Non-Shoreland <u>?</u>		Distance Structure is from Shoreline: <u></u> feet	
<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage		Distance Structure is from Shoreline: <u></u> feet	
<input type="checkbox"/> Non-Shoreland <u>?</u>		Distance Structure is from Shoreline: <u></u> feet	
PROJECT LOCATION: <u>N.E. 1/4, S.E. 1/4</u>		Gov't Lot <u></u> Lot(s) <u></u> CSM <u></u> Vol & Page <u></u> Lot(s) No. <u></u> Block(s) No. <u></u> Subdivision: <u></u>	
Section <u>28</u> , Township <u>48</u> N, Range <u>5</u> W		Town of: <u>Barkdale</u>	
Lot Size <u></u>		Acreage <u>40</u>	

Value at Time of Completion * include donated time & material <u>\$ 800.00</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Conversion	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: <u></u>	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> Basement	<input type="checkbox"/> None	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u></u>	<input type="checkbox"/> City
<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> Well
<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> City
<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> City
<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> City

Existing Structure: (If permit being applied for is relevant to it)	Length: <u>54</u>	Width: <u>40</u>	Height: <u>12</u>
Proposed Construction:	Length: <u>54</u>	Width: <u>15</u>	Height: <u>10</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(<u></u> X <u></u>)	<u></u>
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<u></u> X <u></u>)	<u></u>
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> with Loft	(<u></u> X <u></u>)	<u></u>
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> with a Porch	(<u></u> X <u></u>)	<u></u>
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> with (2 nd) Porch	(<u></u> X <u></u>)	<u></u>
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> with a Deck	(<u></u> X <u></u>)	<u></u>
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> with (2 nd) Deck	(<u></u> X <u></u>)	<u></u>
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> with Attached Garage	(<u></u> X <u></u>)	<u></u>
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	(<u></u> X <u></u>)	<u></u>
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Mobile Home (manufactured date) <u></u>	(<u></u> X <u></u>)	<u></u>
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) <u></u>	(<u></u> X <u></u>)	<u></u>
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Accessory Building (specify) <u></u>	(<u></u> X <u></u>)	<u></u>
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) <u>lean to</u>	(<u>15</u> X <u>54</u>)	<u>810</u>
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Rec'd for issuance <u>MAY 16 2017</u>	(<u></u> X <u></u>)	<u></u>
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Conditional Use: (explain) <u></u>	(<u></u> X <u></u>)	<u></u>
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Secretarial Staff <u></u>	(<u></u> X <u></u>)	<u></u>
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Other: (explain) <u></u>	(<u></u> X <u></u>)	<u></u>

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Mark Johnson

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 28305 Lathie Rd Ashland Wis 54806

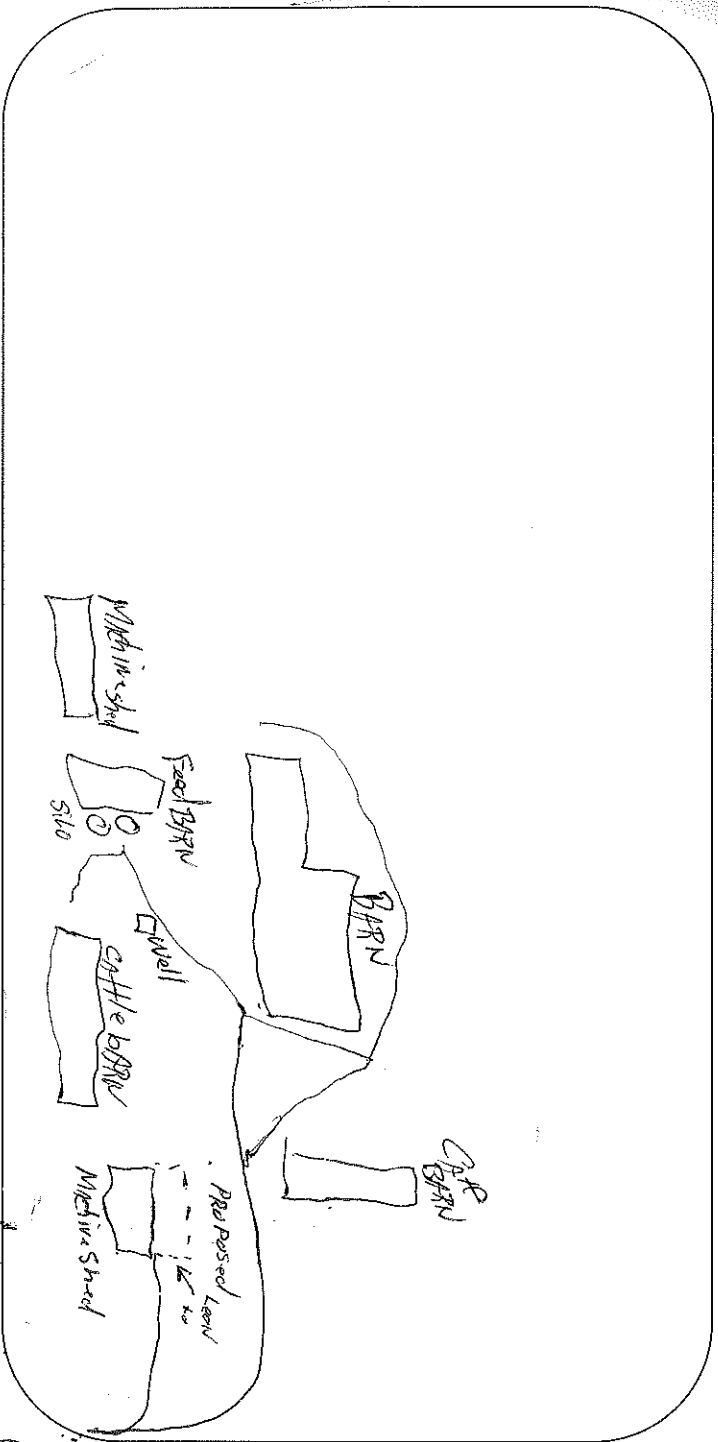
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Date 4-28-2017

Date

Below: Draw or Sketch Your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N) on Plot Plan**
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
(4) Show: **All Existing Structures on your Property**
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.
with 10 Rds

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	60 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	70 Feet
Setback from the North Lot Line	RD Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	1200 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	468 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	308 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	130 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:				
Permit #: 17-0189		Permit Date: 5-16-17				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/Contiguous Lots)	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		Case #:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record:						
Date of Inspection: 5-9-17	Inspected by: J. Murphy	Zoning District: A-1.1		Lakes Classification: (NA)		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)		Date of Re-Inspection:				
Signature of Inspector: [Signature]		Date of Approval: 5-15-17				
Hold For Sanitary: <input type="checkbox"/> Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>			

own, City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY – None
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0139** Issued To: **Mark & Lynne Johnson**

Location: **NE** ¼ of **SE** ¼ Section **28** Township **48** N. Range **5** W. Town of **Barksdale**

Gov't Lot	Lot	Block	Subdivision	CSM#
-----------	-----	-------	-------------	------

For: **Commercial Accessory Structure Addition: [Lean-to (15' x 54') = 810 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s):

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer murphy

Authorized Issuing Official

May 16, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)
MAR 13 2017

Bayfield Co. Zoning Dept.

ENTERED

Permit #:	17-0150
Date:	5-18-17
Amount Paid:	\$175 3-13-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: PAUL BRETTING	Mailing Address: 7204D ST HWY 13	City/State/Zip: ASHLAND, WI 54806	Telephone: 715-682-5231
Address of Property: 7204D ST. HWY. 13	City/State/Zip: ASHLAND, WI 54806	Cell Phone: 715-292-1665	
Contractor: NELSON CONSTRUCTION	Contractor Phone: 715-742-3300	Plumber: N/A	Plumber Phone: N/A
Authorized Agent: (Person Signing Application on behalf of Owner(s)) ARNOLD NELSON	Agent Phone: 715-294-1800	Agent Mailing Address (include City/State/Zip): PO Box 5 LA POINTE, WI 54850	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION SW 1/4, SE 1/4	Legal Description: (Use Tax Statement) See COPY ATTACHED	Tax ID# (4-5 digits) 0301	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: _____ R: _____
Section 24 , Township 48 N, Range 05 W	Vol & Page 881,347	Lot(s) No. 1	Block(s) No. 1
	Town of: BAKESDALE	Subdivision: 1	Lot Size 23.1 A
<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue -->		Distance Structure/is from Shoreline: _____ feet	
<input type="checkbox"/> Non-Shoreland <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue -->		Distance Structure is from Shoreline: _____ feet	
<input type="checkbox"/> Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Value at Time of Completion * Include donated lands (incl. 1/2 of 1/2)	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$13,185	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Septic <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet	<input checked="" type="checkbox"/> City <input type="checkbox"/> Well
pg 18-17	<input type="checkbox"/> Shallow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with (2 nd) Porch <input type="checkbox"/> with a Deck <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with Attached Garage	<input type="checkbox"/> X <input type="checkbox"/> X <input type="checkbox"/> X <input type="checkbox"/> X <input type="checkbox"/> X <input type="checkbox"/> X <input type="checkbox"/> X <input type="checkbox"/> X	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) _____ <input type="checkbox"/> Addition/Alteration (specify) _____ <input type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	<input type="checkbox"/> X <input type="checkbox"/> X <input type="checkbox"/> X <input type="checkbox"/> X <input type="checkbox"/> X	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Secretarial Staff	<input type="checkbox"/> Special Use: (explain) SEEDING PERMIT <input type="checkbox"/> Conditional Use: (explain) _____ <input type="checkbox"/> Other: (explain) _____	<input type="checkbox"/> X <input type="checkbox"/> X <input type="checkbox"/> X

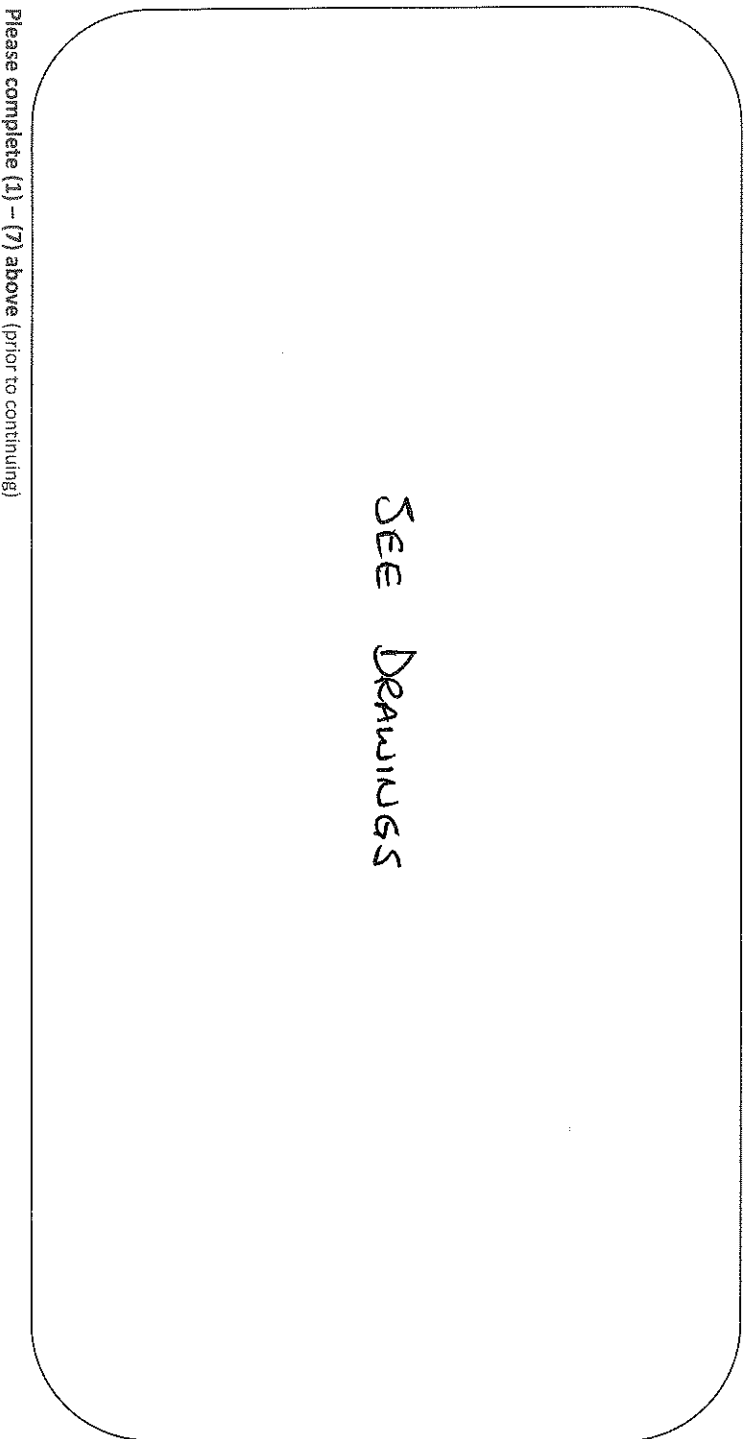
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date: _____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: **Arnold Nelson** Agent **Copy** Date **3-9-17**
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit **Send To Nelson & copy Nelson Const. Co.** Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See Drawings



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: <u>17-0180</u>		Permit Date: <u>5-18-17</u>				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Granted by Variance (B.O.A.)		Case #:	Previously Granted by Variance (B.O.A.)		Case #:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Was Parcel Legally Created	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record: <u>R. Schumann inspected w/ assistant agent</u>		Zoning District		<u>RLB</u>		
		Lakes Classification		<u>1-Septum</u>		
Date of Inspection: <u>5-2-17</u>		Inspected by: <u>J C Murphy</u>		Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)						
<u>See letter attached for conditions</u>						
Signature of Inspector:					Date of Approval: <u>5-18-17</u>	
Hold For Sanitary: <input type="checkbox"/>	Hold For IBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			

Drawings of proposed activity should be prepared in accordance with sample drawing.

Proposed Materials

Large Rock Rip Rap
(approx. 220 cu)
and filter Cloth

Location Sketch (Indicate scale)

Show route to project site, include nearest main road and crossroad

N

1" = ft.

Fire Number

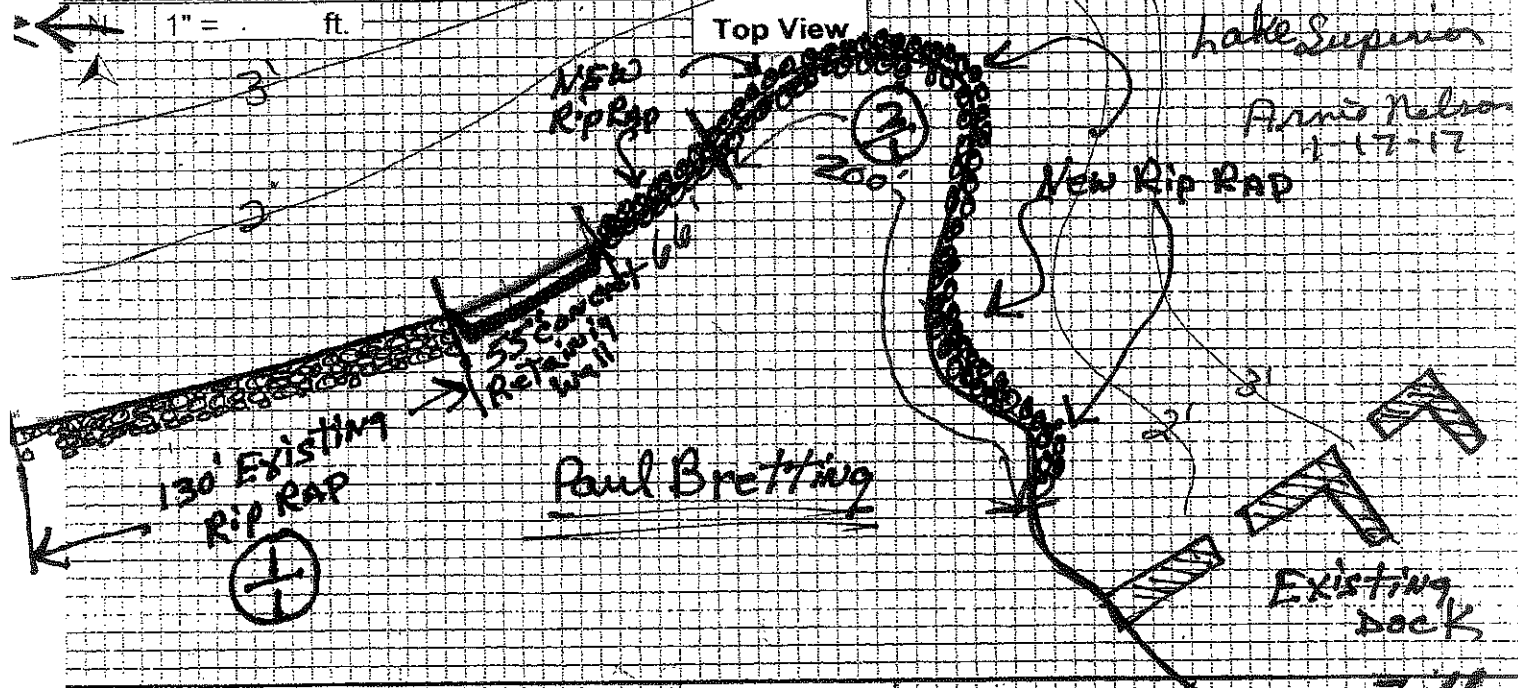
See Attached

Paul Bretting

Project Plans (Include top view and typical cross sections. Clearly identify features and dimensions or indicate scale)
Use additional sheets if necessary

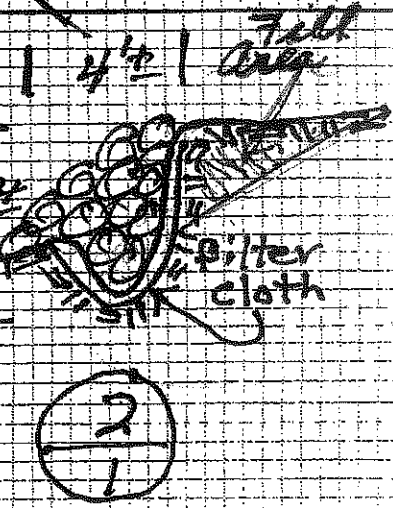
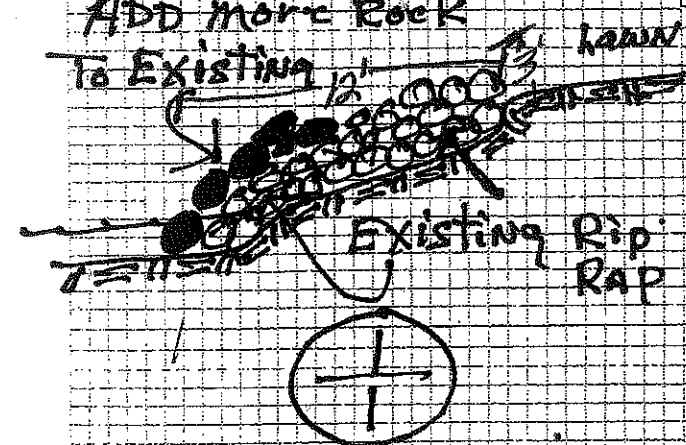
1" = ft.

Top View



Cross Section

ADD more Rock
To Existing



City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY –
SIGN –
SPECIAL – Class A
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0150** Issued To: **Paul & Terri Bretting**

Par in

Location: **SW** $\frac{1}{4}$ of **SE** $\frac{1}{4}$ Section **24** Township **48** N. Range **5** W. Town of **Barksdale**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Other: [Shoreland Grading]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): See letter dated May 18, 2017

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

May 18, 2017

Date

**Bayfield County
Planning and Zoning Department
PO Box 58
Washburn, WI 54891
(715) 373-6138**

RECEIVED

RECEIVED
Date Received
MAR 13 2017

Payroll Co. Zoning Dept

<input type="checkbox"/> Non-Shoreland					
<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline : _____ feet			

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany
Donald Nelson Agent

Date 3-9-17

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Mail to owner & copy to Nelson Const Co

Attach
Copy of Tax Statement

the box below: Draw or sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
North (N) on Plot Plan
(2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
(3) Show Location of (*): All Existing Structures on your Property
(4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(6) Show any (*):
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

SEE DRAWING

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

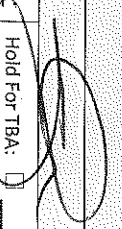
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: <u>17-0181</u>	Permit Date: <u>5-18-17</u>			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No
Inspection Record: <u>R. Scherman also inspected w/ contractor</u>	Zoning District () Lakes Classification ()			
Date of Inspection: <u>5-2-17</u>	Inspected by: <u>TC Murphy</u>	Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (if No they need to be attached.)				
Signature of Inspector: 				Date of Approval: <u>5-18-18</u>
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

State / Federal Application for Water Regulatory Permits and Approvals

Form 3500-053 (R 4/01)

Page 2 of 2

Drawings of proposed activity should be prepared in accordance with sample drawing.

Proposed Materials

ROCK RIP RAP
FILTER CLOTH
SEED + HAY

Location Sketch (Indicate scale)

Show route to project site include nearest main road and crossroad

N 1" = ft.

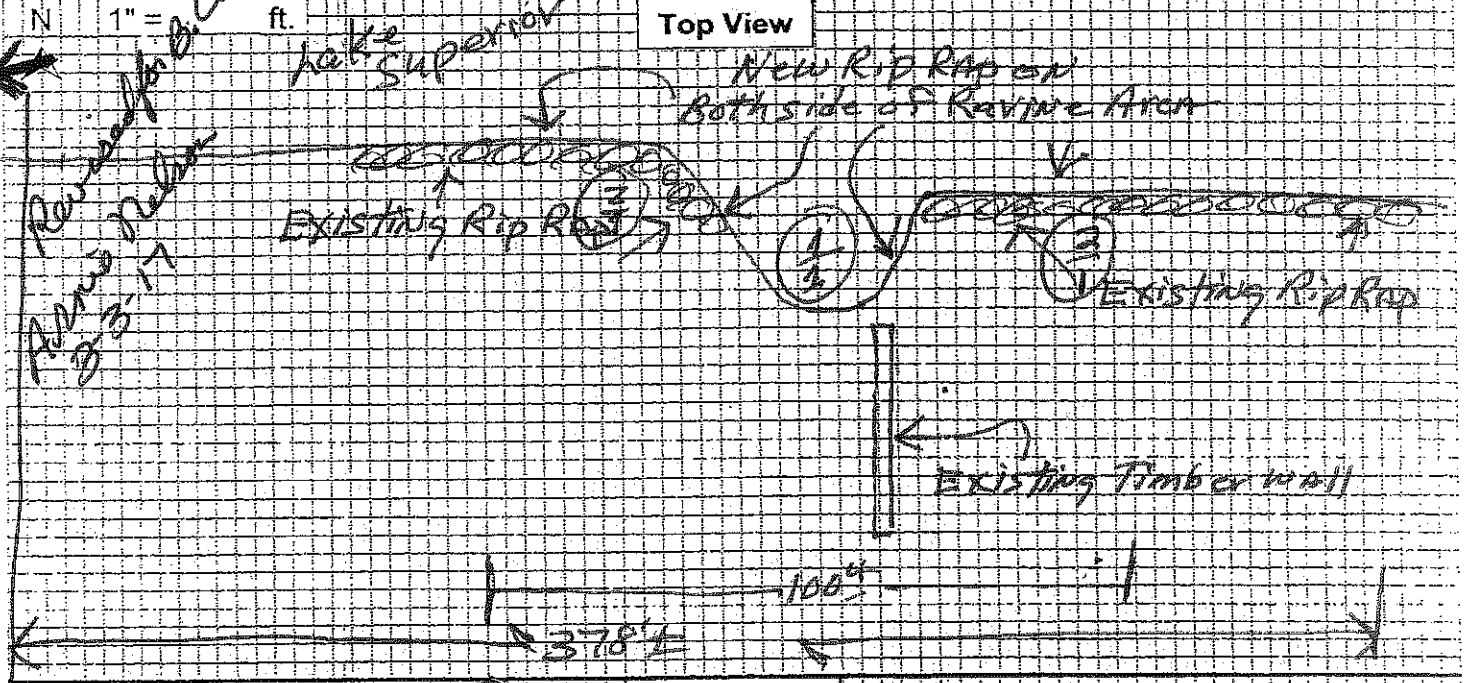
Fire Number

See Attached

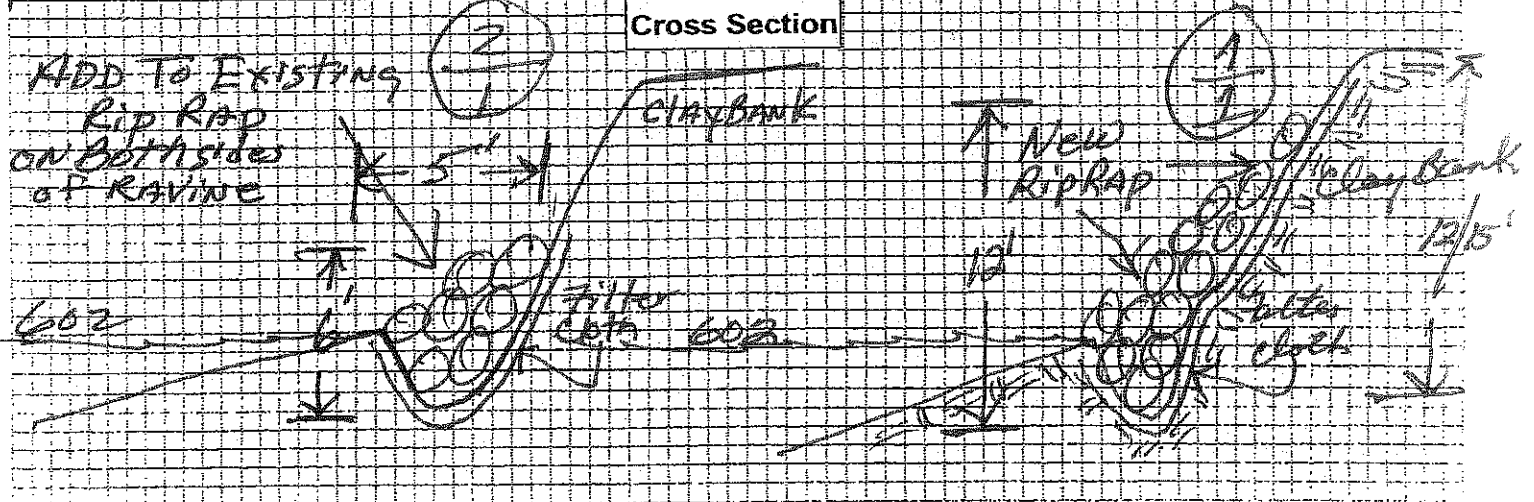
Project Plans (Include top view and typical cross sections. Clearly identify features and dimensions or indicate scale.)
Use additional sheets if necessary

N 1" = ft.

Top View



Cross Section



City, Village, State or Federal
This May Also Be Required

LAND USE – X
SANITARY –
SIGN –
SPECIAL – Class A
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0151** Issued To: **Daniel Murphy & Suzanne Dillon**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **19** Township **48** N. Range **4** W. Town of **Barksdale**

Par in
Gov't Lot **1** Lot Block Subdivision CSM#

For: **Residential Other: [Shoreland Grading]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s):

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

May 18, 2017

Date